

New Jersey Department of Health and Senior Services  
Office of Emergency Medical Services  
PO Box 360  
Trenton, NJ 08625-0360

**INSTRUCTIONS FOR COMPLETING THE  
APPLICATION FOR NEW PROVIDER LICENSURE  
MOBILITY ASSISTANCE, BASIC LIFE SUPPORT AND SPECIALTY CARE TRANSPORT PROVIDERS**

***READ ALL THESE INSTRUCTIONS BEFORE FILLING OUT THE APPLICATION!***

This application is for new Mobility Assistance, Basic Life Support and/or Specialty Care Transport providers. New providers may purchase vehicle(s) at a later date and will submit vehicle application(s) at the time of inspection.

**For your provider application to be processed, you shall:**

- **Submit a certified check or money order in the correct amount;**
- **Completely answer all questions;**
- **Sign and date the Certification on the last page;**
- **Submit all six pages of the completed provider application;**
- **Attach extra pages, as necessary to completely answer any questions;**
- **Submit the original application with two (2) copies of the completed application;**
- **Submit copies of Governmental Identification for all those listed on application;**
- **Agree to NJSP name only background check with fees.**

**Send all of the above to:**

New Jersey Department of Health and Senior Services  
Office of Emergency Medical Services  
New Provider Licensing  
PO Box 360  
Trenton NJ 08625-0360

**Provider application fee - (Government agencies do NOT pay the fees)**

Effective June 17, 2002, the **non-refundable** Mobility Assistance and Basic Life Support provider and Specialty Care Provider application fee increased to \$1,500. Each provider is re-licensed every two years. All the providers licensed by our office are divided into two alphabet groups. There is a pro-rated fee of \$1,250 if you apply for a license during the second year of your alphabet group's licensure period (the year the two-year license for your alphabet group expires). Your alphabet group is determined by the first letter in your company's trade name.

**Your first full license, when issued, will have the same expiration date as the rest of the providers in your alphabet group. If you apply during the second year of the licensure of your alphabet group, your first full license will be for only one year.**

**For example:** ABC Ambulance would pay a provider application fee of \$1,500 during 2005 (when they meet licensure criteria) and will receive a full license expiring December 2006. XYZ Ambulance would pay a provider application fee of \$1,250 during 2005 and will receive a full license expiring December 2005.

**A thru L companies pay \$1,500 in odd-numbered years and \$1,250 in even-numbered years.**

**M thru Z companies pay \$1,500 in even-numbered years and \$1,250 in odd-numbered years.**

**APPLICATION FOR NEW PROVIDER LICENSURE  
MOBILITY ASSISTANCE, BASIC LIFE SUPPORT AND SPECIALTY CARE TRANSPORT PROVIDERS**

**APPLICATION INSTRUCTIONS, PAGE 1**

**Question 1 - Trade Name of Service** - This is the exact name the public will see on your vehicle, billing, advertising, on all your paperwork, and patient records, and will hear when you or your staff answer the phone. Wherever it is seen or heard, it shall be exactly the same. For example: If you apply to license the trade name "XYZ Ambulance and Medical Transportation Services," you shall put that whole name on your vehicle, etc. Note: Your chosen trade name, even if you incorporated under that name or use it in another state, may not be licensable in New Jersey if another company has already applied for a license in New Jersey under the same or similar trade name.

**Per N.J.A.C. 8:41-2.1 (a) ii. "No application shall be processed if the proposed trade name of the service duplicates or is essentially similar to a service's trade name or the proposed trade name of an applicant that has an application pending before the Department."**

**Question 2 - Type of Provider License Requested** - Check only one:

- **Mobility Assistance Vehicle Service** is a specialized medical transport service for patients that includes: transferring the patient from bed or a chair into the wheelchair; noting any changes in their condition during transport; activating the EMS system if necessary; wheeling the patient through the facility to their appointment and much more. It is not just transportation.
- **Basic Life Support** service is transportation of patients in an emergency ambulance with at least two certified emergency medical technicians. To be licensed as a provider of ambulance service, you will need to have an emergency ambulance that passes the licensure inspections prior to the licensure of your company.
- **Specialty Care Transport Service (SCTU)** is to provide ALS inter-facility transfers, by way of a specially equipped and staffed specialty care transport unit.

**Question 3 - Physical Address of Main Office** - This is the main address (principal place of business) where your company will operate from and your patient medical records, staff training records, etc. are kept. It can be your home, or an office. This cannot be a PO Box or mail drop. If you have or will have an additional office in another part of the state, you shall still have a copy of all your company's records at this one location. Any time you wish to change your address, you shall notify the Office of Emergency Medical Services (OEMS) in writing before you start using the new office.

**Question 4 - Mailing Address if Different** - If you do not receive mail at your physical address, you shall put your mailing address here. This can be a PO Box or a mail drop.

**Question 5 - Business Identification** - Check only the one box that matches your company.

**Question 6 - Medicaid Number** - This is your Medicaid Provider Number, if assigned.

**Question 7 - Medicare Number** - This is your Medicare Provider Number, if assigned.

**Question 8 - FEIN Number** - This is your Federal Employer Identification Number.

**APPLICATION FOR NEW PROVIDER LICENSURE  
MOBILITY ASSISTANCE, BASIC LIFE SUPPORT AND SPECIALTY CARE TRANSPORT PROVIDERS**

**APPLICATION INSTRUCTIONS, PAGE 2**

**Trade Name of Service** - This is exactly the same as Question 1 on Page 1.

**Question 9 - Name of Director** - This is the person that is responsible for all the activities and day to day operation of the business.

**Question 10 - Corporate Name and Address if Different** - If your corporate name or address is different than the trade name or the physical address of your office, put that information here. If your corporation has multiple layers of ownership, the corporate name reported here shall be the parent of all the layers. Also attach a detailed list of all the intermediary corporate layers. The officers and owners reported on page two of the application shall be of the parent company.

**Question 11 - Name and Address of Registered New Jersey Agent - This shall be a New Jersey address.** This is the person or company where legal papers can be served if the owners live in another state or if your corporation is based in another state. You shall register this person or company with the New Jersey Secretary of State.

**Question 12 - Name of Medical Director** - 1. The Medical Director shall be a physician who is licensed by the New Jersey State Board of Medical Examiners to practice medicine and surgery. 2. The Medical Director shall be responsible for providing medical consultation (as needed), as well as medical quality assurance oversight regarding the administration of BLS services by the provider's crewmembers.

**Question 13 - Name of Specialty Care Coordinator, if providing SCTU services** – The person who serves as the speciality care coordinator shall be a registered nurse with at least two years of critical care experience and who has demonstrated by education or experience the ability to manage health care organizations.

**APPLICATION INSTRUCTIONS, PAGE 3**

**Attach extra pages, if necessary, to completely answer any questions.**

**Trade Name of Service** - This is exactly the same as Question 1 on Page 1.

**Question 14 - Ownership of Proprietorships or partnerships** - This does not apply to corporations. You shall give each owner's full name, home address, date of birth, Social Security Number and percent of ownership.

Proprietor means one single person who owns 100% of the company. Partnerships have two or more owners who each have a percent of ownership. The percent that each partner owns can be different. For example: two partners each having 50% ownership or two partners, one having 70% and the other 30%, etc. When you add up all the partner's percents of ownership, the total shall equal 100%.

**Question 15** - If the principals, owners, operators, managers or any person mentioned on this application have ever been suspended from Medicare or Medicaid, or indicted for or convicted of fraud or any other crime, you must submit documentation that fully describes the offense, copies of relevant court documents, disposition and current status.

**APPLICATION FOR NEW PROVIDER LICENSURE  
MOBILITY ASSISTANCE, BASIC LIFE SUPPORT AND SPECIALTY CARE TRANSPORT PROVIDERS**

**APPLICATION INSTRUCTIONS, PAGE 4**

**Trade Name of Service** - This is exactly the same as Question 1 on Page 1.

**Question 16 - Officers and Owners of Corporations** - You **shall** list all officers plus any person or entity who owns 1% or more of stock in the parent corporation. You **shall** give each owner's full name, home address, **date of birth, Social Security Number** and percent of ownership. Publicly traded, non-public and non-profit corporations are handled differently. See the examples below. Attach extra pages if you need more space to list all stockholders.

**Example 1 - A corporation, which is NOT publicly traded:** A company called ABC Inc t/a ABC Ambulance is a wholly-owned subsidiary of DEF Enterprises, which is a Division of GHI Inc.

On an attachment, you would list the intermediary owner DEF Enterprises and explain the relationships between the ownership layers. GHI Inc would be listed as the corporate owner on Page 1, Question 7. On this page, you would list the names, home address and percent of stock owned by the four owners of GHI Inc. The total stock ownership reported here shall always equal 100%.

**Example 2 - A corporation with publicly traded stock.** A company called XYZ Inc t/a XYZ Ambulance is a wholly owned subsidiary of STU Enterprises, which is a Division of QRS Inc.

On an attachment, you would list the intermediary owner STU Enterprises and explain the relationships between the ownership layers. QRS Inc would be listed as the corporate owner on Page 1, Question 7. On this page, you would list the names, home address and percent of stock owned for the officers of QRS Inc even if they own less than 1%. You would also list any person or entity who owns 1 % or more of stock in QRS Inc. The total stock ownership reported here for publicly traded companies will probably **not** equal 100%.

**Example 3 - A non-profit corporation with no stock.** A volunteer ambulance service that intends to start billing for service (and would therefore become a non-volunteer service).

Licensed services can retain their non-profit corporate status. On an attachment you would list the members of the your squad's board of directors or trustees. On this page you would list the officers. The % of stock would be zero.

**Question 17** - If the principals, owners, operators, managers or any person mentioned on this application have ever been suspended from Medicare or Medicaid, Indicted for or convicted of fraud or any other crime, you must submit documentation that fully describes the offence, copies of relevant court documents, disposition and current status.

**APPLICATION FOR NEW PROVIDER LICENSURE  
MOBILITY ASSISTANCE, BASIC LIFE SUPPORT AND SPECIALTY CARE TRANSPORT PROVIDERS**

**APPLICATION INSTRUCTIONS, PAGE 5**

**Trade Name of Service-** - This is exactly the same as Question 1 on Page 1.

**Questions 18-20 - Carefully read each question before you answer it.** Each question is different and you shall answer every question. If the answer is No, just check the No box. **If the answer is Yes, you shall give all required details.**

**Question 21 - Vehicle Storage Addresses** - If you **will NOT** store your vehicle(s) at your physical main office address (which you gave on Page 1, Question 2), you shall list each vehicle(s) storage address here. This includes, a rented garage, an employee's driveway, etc. If you **will** store your vehicle(s) at the main office, you can leave this area blank.

**Question 22 - Additional Office Addresses** - You **shall also** list the address of any additional offices (also called a satellite location) where you will operate your service. This can be just a place for your staff to sit waiting to be dispatched or a full office in another county. Any patient or staff training records relating to this additional satellite office **shall** also be sent to and kept at your main office. If there are no additional addresses, you may leave this area blank.

**Question 23 - Company denied or revoked** - Have the principals, owners, operators, managers or any person mentioned on this application have ever been denied, revoked, suspended from Medicare under indictment for or convicted of fraud or any other crime?

**APPLICATION INSTRUCTIONS, PAGE 6**

**Question 24 - Names of additional contacts or officers** - List the name, title, date of birth, Social Security Number and telephone number for anyone that OEMS can contact if the person listed as official contact on Page 1, Question 3 cannot be reached. If there are no other contacts, you may leave this area blank.

**Question 25 - Municipal (Street) EMS** - If you provide (or will provide) Emergency Medical Services to a municipality (including mutual aid or part-time coverage) you shall fill in this chart with the appropriate information.

**Certification** - The owner or corporate officer that will **sign** the application should carefully read the certification then print his/her full name, **sign** the application, give his/her title and the **date** the form was signed.